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STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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July 1, 2002

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Methods and standards for determining payment rates for inpatient hospitals

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12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mary B. Kennedy

14. TITLE:

Medicaid Director

15. DATE SUBMITTED:

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21. TYPED NAME:

Cheryl A. Harris

20. SIGNATURE OF REGIONAL OFFICIAL:

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22. TITLE:

Associate Regional Administrator

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23. REMARKS:

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**Methods and Standards for Determining Payment Rates for Inpatient
Hospital Services Provided by Non-State Owned Facilities**

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SECTION 1.0 PURPOSE AND SCOPE

The Minnesota inpatient hospital payment system under the Medical Assistance Program is authorized by state law. Payment rates are prospectively established on a per admission or per day basis under a diagnostic related group (DRG) system that condenses Medicare categories into Minnesota diagnostic categories. Rates are differentiated by eligibility (Medical Assistance, Minnesota Family Investment Program or MFIP, Medical Assistance non-MFIP) and specialty (Rehabilitation Distinct Part, Neonatal Transfer). The system provides for the payment of operating and property costs with additional payments including a disproportionate population adjustment and an appeals mechanism.

The rate setting methodology is based on the cost finding and allowable cost principles of the Medicare program. The rates are established for each calendar year using hospital specific Medical Assistance claims data and cost that is trended for inflation to the current year from a base year. Rates are rebased to more current data every two years.

The methodology described in this Attachment is effective for admissions occurring on or after October 25, 1993.

To be eligible for payment, inpatient hospital services must be medically necessary.

Minnesota has in place a public process that complies with the requirements of Section 1902(a)(13)(A) of the Social Security Act.

SECTION 2.0 DEFINITIONS

Accommodation service. "Accommodation service" means those inpatient hospital services included by a hospital in a daily room charge. They are composed of general routine services and special care units. These routine and special care units include the nursery, coronary, intensive, neonatal, rehabilitation, psychiatric, and chemical dependency units.

Adjusted base year operating cost. "Adjusted base year operating cost" means a hospital's allowable base year operating cost per admission or per day, adjusted by the hospital cost index.

Admission. "Admission" means the time of birth at a hospital or the act that allows a recipient to officially enter a hospital to receive inpatient hospital services under the supervision of a physician who is a member of the medical staff.

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Allowable base year operating cost. "Allowable base year operating cost" means a hospital's base year inpatient hospital cost per admission or per day that is adjusted for case mix and excludes property costs.

Ancillary service. "Ancillary service" means inpatient hospital services that include laboratory and blood, radiology, anesthesiology, electrocardiology, electroencephalography, pharmacy and intravenous therapy, delivery and labor room, operating and recovery room, emergency room and outpatient clinic, observation beds, respiratory therapy, physical therapy, occupational therapy, speech therapy, medical supplies, renal dialysis, and psychiatric and chemical dependency services customarily charged in addition to an accommodation service charge.

Base year. "Base year" means a hospital's fiscal year that is recognized by Medicare, or a hospital's fiscal year specified by the commissioner if a hospital is not required to file information with Medicare, from which cost and statistical data are used to establish rates.

Case mix. "Case mix" means a hospital's admissions distribution of relative values among the diagnostic categories.

Charges. "Charges" means the usual and customary payment requested by the hospital of the general public.

City of the first class. "City of the first class" means a city that has more than 100,000 inhabitants, provided that once a city is defined in such a manner, it can not be reclassified unless its population decreases by 25 percent from the census figures that last qualified the city for inclusion in the class.

Cost outlier. "Cost outlier" means the adjustment included in the relative value that is applied to the admission and outlier rates so that payment is adjusted for exceptionally high cost stays. The adjustment is applied to all admissions with an above average cost, including patients that have not yet attained the age of one in all hospitals and that have not yet attained the age of six in disproportionate population hospitals.

Cost-to-charge ratio. "Cost-to-charge ratio" means a ratio of a hospital's inpatient hospital costs to its charges for inpatient hospital services.

Day outlier. "Day outlier" means an admission where the length of stay exceeds the mean length of stay for neonate and burn diagnostic categories by one standard deviation, and in the case of all other diagnostic categories by two standard deviations.

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Diagnostic categories. "Diagnostic categories" means the diagnostic classifications containing one or more diagnostic related groups (DRGs) used by the Medicare program. The DRG classifications must be assigned according to the base year program and specialty groups with modifications as specified in items A to E.

A. Diagnostic categories eligible under the Medical Assistance non-Minnesota family investment program. The following diagnostic categories are for persons eligible under Medical Assistance non-MFIP except as provided in items B, C or D:

DIAGNOSTIC CATEGORIES	DRG NUMBERS WITHIN DIAGNOSTIC CATEGORIES	INTERNATIONAL CLASSIFICATION OF DISEASES, 9th Ed. CLINICAL MODIFICATIONS
A. Nervous System Conditions		
(1) Treated with Craniotomy, Age >17	001, 002	
(2) Treated with Craniotomy, Age 0-17	003	
(3) [Reserved for future use]		
(4) [Reserved for future use]		
(5) [Reserved for future use]		
(6) Nervous System Neoplasms	010, 011	
(7) [Reserved for future use]		
(8) [Reserved for future use]		
(9) [Reserved for future use]		
(10) [Reserved for future use]		
(11) [Reserved for future use]		
(12) [Reserved for future use]		
(13) [Reserved for future use]		
(14) [Reserved for future use]		
(15) [Reserved for future use]		
(16) Treated with Other Surgical Procedures	004, 005, 007	
(17) Peripheral, Cranial, and Other Nerve Procedure without CC	008	
(18) Other Nervous System Diseases Treated Without Surgery	013, 015, 017	
(19) Spinal Disorders/Injuries and Nervous System Infection	009, 020	
(20) Specific Cerebral Vascular and Cranial/Peripheral Nerve Disorders	014, 018, 019	
(21) Degenerative and Nonspecific Cerebral Vascular Disorders with CC	012, 016	

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- | | |
|---|-------------------|
| (22) Seizure and Headache | 024-026 |
| (23) Traumatic Stupor with Coma
> 1 Hr, and Coma < 1 Hr, Age
> 17 with CC | 027, 028 |
| (24) Viral Meningitis, Hypertensive
Encephalopathy, Concussion
Age > 17 with CC, Other Stupor
and Coma | 021-023, 029, 031 |
| (25) Concussion, Age 0-17 and Age
> 17 without CC | 032, 033 |
| (26) Stupor and Coma < 1 Hr, Age 0-17
and Other Disorders of the
Nervous System | 030, 034, 035 |

B. Eye Diseases and Disorders 036-048

C. Ear, Nose, Throat, and Diseases and Disorders

- | | | |
|---|---|---|
| (1) Treated with Tonsillectomy/
Adenoidectomy Only | 059, 060 | |
| (2) Treated with Myringotomy with
Tube Insertion, Age 0-17 | 062 | |
| (3) Otitis Media and URI | 068-070 | |
| (4) Dental and Oral Disorders | 185-187 | |
| (5) [Reserved for future use] | | |
| (6) Other Ear, Nose, Throat and
Mouth Conditions | 049-058, 061,
063-067, 071-
074, 168, 169 | Codes in DRG
049 except
20.96-20.98 |

D. Respiratory System Conditions

- | | | |
|--|-----|----------------|
| (1) Treated with Ventilator Support
for < 96 Hours | 475 | Excludes 96.72 |
| (2) [Reserved for future use] | | |
| (3) Treated with Ventilator Support
for 96 + Hours | 475 | Includes 96.72 |
| (4) Treated with Tracheostomy Except
For Face, Mouth, and Neck
Diagnoses | 483 | |
| (5) [Reserved for future use] | | |
| (6) Respiratory Neoplasms | 082 | |
| (7) [Reserved for future use] | | |
| (8) [Reserved for future use] | | |
| (9) [Reserved for future use] | | |
| (10) Treated with Tracheostomy for
Face, Mouth, and Neck Diagnoses | 482 | |

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-
- (11) Simple Pneumonia and Pleurisy,
Age 0-17 and Age >17 without CC 090, 091
 - (12) Major Chest Procedures and OR
Procedures with CC 075, 076
 - (13) Major Respiratory Diseases and
Disorders Treated with Surgery 078, 079, 087, 092, 101
 - (14) Other OR Procedures without CC 077
 - (15) Specific Respiratory System
Diseases and Other Diseases
with CC 080, 081, 083, 085, 088,
089, 094, 099
 - (16) Respiratory System Diseases
without CC and Bronchitis,
Age >17 084, 086, 093
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E. Circulatory System Conditions (1)

- [Reserved for future use]
- (2) [Reserved for future use]
- (3) Percutaneous Cardiac and
Other Vascular Procedures 111, 112, 114, 116-120,
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- (4) Major Cardiac Surgeries 104-106, 108
- (5) Other Cardiac Interventional
and Surgical Procedures 107, 109, 110, 115
- (6) [Reserved for future use]
- (7) [Reserved for future use]
- (8) [Reserved for future use]
- (9) [Reserved for future use]
- (10) Major Cardiac Disorders
Treated without Surgery 122-125, 127, 129, 137,
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- (11) Acute MI, Congenital Heart
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F. Digestive System Diseases and Disorders

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- (3) Treated with Appendectomy with
Compl. Prin Diag or CC 164-166

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| (4) Treated with Appendectomy without
Compl. Prin Diag or CC | 167 |
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Procedure | 146-156, 170-171 |
| (6) Esophagitis, Gastroent, or Misc
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G. Hepatobiliary System Conditions

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|---|--------------|
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| (2) [Reserved for future use] | |
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| (2) Treated with Hip and Femur
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| (4) [Reserved for future use] | |
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Humer Proc Except Hip, Foot,
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| (12) [Reserved for future use] | |
| (13) [Reserved for future use] | |
| (14) [Reserved for future use] | |

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Codes in DRG
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97-19/97-15/97-03/95-20/95-04/94-18/94-08/93-39/93-33/92-44/
92-31/91-17/90-25)

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KK. Extreme Immaturity

(1) (Weight < 750 Grams)	386	76501, 76502
(2) [Reserved for future use]		
(3) [Reserved for future use]		
(4) (Weight 750-1499 Grams)	386 387	76503, 76504, 76505 76500
(5) Neonate Respiratory Distress Syndrome	386	Codes in DRG 386 except 76501 to 76505

LL. Prematurity with Major Problems

(1) (Weight < 1250 Grams)	387	76511, 76512, 76513, 76514
(2) (Weight 1250 to 1749 Grams)	387	76506, 76510 76515, 76516
(3) (Weight >1749 Grams)	387	Codes in DRG 387 except 76500, 76506, 76510 to 76516

MM. Prematurity without Major Problems 388

NN. Full Term Neonates

(1) With Major Problems (Age 0)	389
(2) With Other Problems	390

OO. Multiple Significant Trauma 484-487

PP. Implantation or Replacement of Cochlear Prosthetic Device

049	Includes 20.96-20.98 only
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QQ. Normal Newborns 391

RR. Neonates, Died on Birth Date

385	Includes neonates who expire in the birth hospital, and discharge date is the same as the birth date
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SS-TT. [Reserved for future use]

STATE: MINNESOTA

Effective: July 1, 2002

TN: 02-11

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92-31/91-17/90-25)

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UU. Organ Transplants

- | | | | |
|-----|--|--------------------|---|
| (1) | Kidney and Pancreas Transplant | 302, 191, 292 | DRG 191, 292 includes 52.80-52.86 only |
| (2) | Heart, liver, Bone Marrow, Lung, and Bowel Transplants | 103, 480, 481, 495 | Bowel transplant includes any DRG with procedure 46.99 and Revenue Code 811 or 812 only |
| (3) | [Reserved for future use] | | |
| (4) | [Reserved for future use] | | |
| (5) | [Reserved for future use] | | |

VV. Conditions Originating in the Perinatal Period (Age >0) 389

WW. Human Immunodeficiency Virus

- | | | |
|-----|---|-----|
| (1) | Treated with Extensive Operating Room Procedure | 488 |
| (2) | With Major Related Condition | 489 |
| (3) | With or Without Other Related Condition | 490 |

B. Diagnostic categories eligible under the Minnesota family investment program. The following diagnostic categories are for persons eligible for Medical Assistance under MFIP except as provided in items C or D:

DIAGNOSTIC CATEGORIES	DRG NUMBERS WITHIN DIAGNOSTIC CATEGORIES	INTERNATIONAL CLASSIFICATION OF DISEASES, 9th Ed. CLINICAL MODIFICATIONS
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A. Nervous System Conditions

- | | | |
|-----|---|--|
| (1) | [Reserved for future use] | |
| (2) | [Reserved for future use] | |
| (3) | Treated with Craniotomy and Cochlear Implants | 001-003, 049 049 includes 20.96-20.98 only |
| (4) | [Reserved for future use] | |
| (5) | [Reserved for future use] | |
| (6) | [Reserved for future use] | |
| (7) | [Reserved for future use] | |
| (8) | [Reserved for future use] | |
| (9) | [Reserved for future use] | |